ROLLING HILLS REHABILITATION - FDD

14345 COUNTY HI GHWAY B

| PARTA 54656 Phone: (608) 269-880 | 00 | Ownershi p: | County |
|--|--------|-----------------------------------|--------|
| perated from 1/1 To 12/31 Days of Operation | n: 365 | Highest Level License: | FDDs |
| perate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | No |
| umber of Beds Set Up and Staffed (12/31/01): | 14 | Title 18 (Medicare) Certified? | No |
| otal Licensed Bed Capacity (12/31/01): | 14 | Title 19 (Medicaid) Certified? | Yes |
| umber of Residents on 12/31/01: | 14 | Average Daily Census: | 13 |

| Services Provided to Non-Residents Age, Sex, and Primary Diagnosis of Residents (12/31/01) Length of Stay (12/31/01) | | | | | | | |
|--|------|-----------------------------|--------|--------------|--------------------|--------------------------|----------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 7. 1 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 35. 7 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 100. 0 | Under 65 | 42. 9 | More Than 4 Years | 57. 1 |
| Day Services | No | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 35. 7 | | |
| Respite Care | No | Mental Illness (Other) | 0.0 | 75 - 84 | 21.4 | İ' | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 0. 0 | ********** | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegic | 0.0 | 95 & 0ver | 0. 0 | Full-Time Equivaler | ıt |
| Congregate Meals | No | Cancer | 0. 0 | İ | | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals | No | Fractures | 0. 0 | | 100.0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 0. 0 | 65 & 0ver | 57. 1 ['] | | |
| Transportati on | No | Cerebrovascul ar | 0. 0 | | | RNs | 2. 4 |
| Referral Service | No | Di abetes | 0. 0 | Sex | % | LPNs | 3. 6 |
| Other Services | No | Respi ratory | 0.0 | | Ì | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 0. 0 | Male | 71.4 | Aides, & Orderlies | 50. 4 |
| Mentally Ill | No | | | Femal e | 28. 6 | | |
| Provi de Day Programming for | | | 100. 0 | | j | | |
| Developmentally Disabled | Yes | | | | 100.0 | | |
| ************ | **** | , ************ | ***** | , ******* | ****** | ********* | ***** |

Method of Reimbursement

| | | ledicare litle 18 | | | edicaid itle 19 | | | 0ther | | P | ri vate Pay | ; | | amily Care | | | anaged Care | l | | |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % Of All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 14 | 100.0 | 135 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 14 | 100.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 14 | 100. 0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 14 | 100. 0 |

County: Monroe ROLLING HILLS REHABILITATION - FDD Facility ID: 7751 Page 2

| *********** | ***** | ******** | ***** | ***** | ********* | ********* | ****** |
|---|-------|-----------------------|---------------|---------------|---------------|----------------------------|------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution | of Residents' | Condi ti | ons, Services | s, and Activities as of 12 | /31/01 |
| zeuene zuring nepereing rerreu | | <u> </u> | | 9 | 6 Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | | sistance of | % Totally | Number of |
| Private Home/No Home Health | 0.0 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 0.0 | Bathi ng | 0.0 | | 78. 6 | 21. 4 | 14 |
| Other Nursing Homes | 0.0 | Dressi ng | 14. 3 | | 64. 3 | 21. 4 | 14 |
| Acute Care Hospitals | 0.0 | Transferring | 64. 3 | | 7. 1 | 28. 6 | 14 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 35. 7 | | 35. 7 | 28. 6 | 14 |
| Rehabilitation Hospitals | 0.0 | Eati ng | 78 . 6 | | 14. 3 | 7. 1 | 14 |
| Other Locations | 100 | ************* | ****** | ****** | ****** | ********** | ****** |
| Total Number of Admissions | 1 | Continence | | % | Special Trea | | % |
| Percent Discharges To: | | Indwelling Or Externa | | 0. 0 | | Respiratory Care | 7. 1 |
| Private Home/No Home Health | 0.0 | Occ/Freq. Incontinent | | 92. 9 | | Tracheostomy Care | 7. 1 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontinent | t of Bowel | 42 . 9 | | Sucti oni ng | 0. 0 |
| Other Nursing Homes | 0.0 | | | | | Ostomy Care | 0. 0 |
| Acute Care Hospitals | 0.0 | Mobility | | | | Tube Feeding | 0. 0 |
| Psych. HospMR/DD Facilities | 100 | Physically Restrained | d | 7. 1 | Recei vi ng | Mechanically Altered Diets | 5 57. 1 |
| Rehabilitation Hospitals | 0.0 | | | | | | |
| Other Locations | 0. 0 | Skin Care | | | | ent Characteristics | |
| Deaths | 0.0 | With Pressure Sores | | 0. 0 | | ce Directives | 0. 0 |
| Total Number of Discharges | | With Rashes | | 0.0 | Medi cati ons | | |
| (Including Deaths) | 1 | | | | Recei vi ng | Psychoactive Drugs | 42. 9 |

| | Thi s | | DD | T | | |
|--|---------------|----------|------------------|--------|----------------|--|
| | Facility % | rac % | ilities Ratio | Fac | lties Ratio | |
| | /U | /U | | /U | | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 92. 9 | 84. 6 | 1. 10 | 84. 6 | 1. 10 | |
| Current Residents from In-County | 78. 6 | 41. 3 | 1. 90 | 77. 0 | 1. 02 | |
| Admissions from In-County, Still Residing | 0.0 | 17. 0 | 0.00 | 20. 8 | 0.00 | |
| Admi ssi ons/Average Daily Census | 7. 7 | 18. 6 | 0. 41 | 128. 9 | 0.06 | |
| Discharges/Average Daily Census | 7. 7 | 22. 2 | 0. 35 | 130. 0 | 0.06 | |
| Discharges To Private Residence/Average Daily Census | 0. 0 | 9. 4 | 0.00 | 52. 8 | 0.00 | |
| Residents Receiving Skilled Care | 0. 0 | 0.0 | 0.00 | 85. 3 | 0.00 | |
| Residents Aged 65 and Older | 57. 1 | 15. 8 | 3. 61 | 87. 5 | 0.65 | |
| Title 19 (Medicaid) Funded Residents | 100. 0 | 99. 3 | 1. 01 | 68. 7 | 1.46 | |
| Private Pay Funded Residents | 0.0 | 0. 5 | 0.00 | 22. 0 | 0.00 | |
| Developmentally Disabled Residents | 100. 0 | 99. 7 | 1.00 | 7. 6 | 13. 19 | |
| Mentally Ill Residents | 0. 0 | 0. 2 | 0.00 | 33. 8 | 0.00 | |
| General Medical Service Residents | 0.0 | 0. 1 | 0.00 | 19. 4 | 0.00 | |
| Impaired ADL (Mean)* | 44. 3 | 50. 6 | 0. 87 | 49. 3 | 0. 90 | |
| Psychological Problems | 42. 9 | 46. 6 | 0. 92 | 51. 9 | 0. 83 | |
| Nursing Care Required (Mean)* | 8. 9 | 11.0 | 0. 81 | 7. 3 | 1. 22 | |